

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10753609  
APPLICANT(S)

FILED DATE

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
		IND	DEP	IND	DEP	IND	DEP		
1								51	
2								52	
3								53	
4								54	
5								55	
6								56	
7								57	
8								58	
9								59	
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42								92	
43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
TOTAL IND.	3			3					
TOTAL DEP.	6			6					
TOTAL CLAIMS	9			9					